

States has lead the way in providing a reliable funding structure to address it. We have been able to turn good international intentions into superlative international action.

4. NAWCA leverages federal dollars with private funds for wetlands conservation.

We all know how tight the federal budget is. Innovative funding mechanisms are the best hope for ensuring the viability of important environmental programs. The North American Wetlands Conservation Fund, which was established by NAWCA, provides grant money with a matching requirement to leverage each federal dollar. In fact, the ratio of NAWCA funds to contributions from other partners usually approaches 1:2.

Now let me inject a word of caution. We cannot afford complacency. NAWCA has been a success, but part of the credit for the recovery of waterfowl species has to go to the heavy rains we've had in the past few years. This year is drier than it has been in the past. Already, duck counts are leveling off. In drier conditions, the need to conserve duck habitat is ever more urgent.

And this urgent need to conserve wetlands is in direct competition with severe development pressures on wetlands. By the year 2020, more than half of the U.S. population will live in coastal plains. Laws like NAWCA will become ever more important in protecting these fragile areas.

The proper tribute to the success of NAWCA is to let it inspire us to do more. Let us reauthorize this fine bill. Let us ensure it is adequately funded. Let us support the other important laws that protect wetlands—such as Swampbuster and Section 404 of the Clean Water Act. And most of all, let us build on the strengths of NAWCA in all our environmental protection endeavors. Again, those strengths are:

1. Focus on conserving habitat.
2. Use a comprehensive plan—continent-wide, if possible.
3. Rely on public-private partnerships—both national and international.
4. Leverage federal dollars with private funds.

I exhort my colleagues to support S. 1677, and reauthorize the very worthy North American Wetlands Conservation Act. I thank the Chair.

Mr. SHELBY. Mr. President, I ask unanimous consent that the amendment be agreed to, that all time be yielded and the bill be read a third time, and passed, with the motion to reconsider laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 3673) was agreed to.

The bill (S. 1677), as amended, was passed, as follows:

S. 1677

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Wetlands and Wildlife Enhancement Act of 1998".

SEC. 2. REAUTHORIZATION OF NORTH AMERICAN WETLANDS CONSERVATION ACT.

Section 7(c) of the North American Wetlands Conservation Act (16 U.S.C. 4406(c)) is amended by striking "not to exceed" and all that follows and inserting "not to exceed \$30,000,000 for each of fiscal years 1999 through 2003."

SEC. 3. REAUTHORIZATION OF PARTNERSHIPS FOR WILDLIFE ACT.

Section 7105(h) of the Partnerships for Wildlife Act (16 U.S.C. 3744(h)) is amended by striking "for each of fiscal years" and all that follows and inserting "not to exceed \$6,250,000 for each of fiscal years 1999 through 2003."

SEC. 4. MEMBERSHIP OF THE NORTH AMERICAN WETLANDS CONSERVATION COUNCIL.

(a) IN GENERAL.—Notwithstanding section 4(a)(1)(D) of the North American Wetlands Conservation Act (16 U.S.C. 4403(a)(1)(D)), during the period of 1999 through 2002, the membership of the North American Wetlands Conservation Council under section 4(a)(1)(D) of that Act shall consist of—

(1) 1 individual who shall be the Group Manager for Conservation Programs of Ducks Unlimited, Inc. and who shall serve for 1 term of 3 years beginning in 1999; and

(2) 2 individuals who shall be appointed by the Secretary of the Interior in accordance with section 4 of that Act and who shall each represent a different organization described in section 4(a)(1)(D) of that Act.

(b) PUBLICATION OF POLICY.—Not later than June 30, 1999, the Secretary of the Interior shall publish in the Federal Register, after notice and opportunity for public comment, a policy for making appointments under section 4(a)(1)(D) of the North American Wetlands Conservation Act (16 U.S.C. 4403(a)(1)(D)).

FEDERAL EMPLOYEES HEALTH CARE PROTECTION ACT OF 1998

Mr. SHELBY. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of Calendar No. 484, H.R. 1836.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 1836) to amend chapter 89, title 5, United States Code, to improve administration of sanctions against unfit health care providers under the Federal Employees Health Benefits Program, and for other purposes.

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Governmental Affairs, with amendments; as follows:

(The parts of the bill intended to be stricken are shown in boldface brackets and the parts of the bill intended to be inserted are shown in *italic*.)

H.R. 1836

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Federal Employees Health Care Protection Act of [1997] 1998".

SEC. 2. DEBARMENT AND OTHER SANCTIONS.

(a) AMENDMENTS.—Section 8902a of title 5, United States Code, is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

(i) by striking "and" at the end of subparagraph (B);

(ii) by striking the period at the end of subparagraph (C) and inserting "; and"; and

(iii) by adding at the end the following: "(D) the term 'should know' means that a person, with respect to information, acts in deliberate ignorance of, or in reckless disregard of, the truth or falsity of the information, and no proof of specific intent to defraud is required;" and

(B) in paragraph (2)(A), by striking "subsection (b) or (c)" and inserting "subsection (b), (c), or (d)";

(2) in subsection (b)—

(A) by striking "The Office of Personnel Management may bar" and inserting "The Office of Personnel Management shall bar"; and

(B) by amending paragraph (5) to read as follows:

"(5) Any provider that is currently debarred, suspended, or otherwise excluded from any procurement or nonprocurement activity (within the meaning of section 2455 of the Federal Acquisition Streamlining Act of 1994);"

(3) by redesignating subsections (c) through (i) as subsections (d) through (j), respectively, and by inserting after subsection (b) the following:

"(c) The Office may bar the following providers of health care services from participating in the program under this chapter:

"(1) Any provider—

"(A) whose license to provide health care services or supplies has been revoked, suspended, restricted, or not renewed, by a State licensing authority for reasons relating to the provider's professional competence, professional performance, or financial integrity; or

"(B) that surrendered such a license while a formal disciplinary proceeding was pending before such an authority, if the proceeding concerned the provider's professional competence, professional performance, or financial integrity.

"(2) Any provider that is an entity directly or indirectly owned, or with a control interest of 5 percent or more held, by an individual who has been convicted of any offense described in subsection (b), against whom a civil monetary penalty has been assessed under subsection (d), or who has been debarred from participation under this chapter.

"(3) Any individual who directly or indirectly owns or has a control interest in a sanctioned entity and who knows or should know of the action constituting the basis for the entity's conviction of any offense described in subsection (b), assessment with a civil monetary penalty under subsection (d), or debarment from participation under this chapter.

"(4) Any provider that the Office determines, in connection with claims presented under this chapter, has charged for health care services or supplies in an amount substantially in excess of such provider's customary charge for such services or supplies (unless the Office finds there is good cause for such charge), or charged for health care services or supplies which are substantially in excess of the needs of the covered individual or which are of a quality that fails to meet professionally recognized standards for such services or supplies.

"(5) Any provider that the Office determines has committed acts described in subsection (d).

Any determination under paragraph (4) relating to whether a charge for health care services or supplies is substantially in excess of the needs of the covered individual shall

be made by trained reviewers based on written medical protocols developed by physicians. In the event such a determination cannot be made based on such protocols, a physician in an appropriate specialty shall be consulted.”;

(4) in subsection (d) (as so redesignated by paragraph (3)) by amending paragraph (1) to read as follows:

“(1) in connection with claims presented under this chapter, that a provider has charged for a health care service or supply which the provider knows or should have known involves—

“(A) an item or service not provided as claimed,

“(B) charges in violation of applicable charge limitations under section 8904(b), or

“(C) an item or service furnished during a period in which the provider was debarred from participation under this chapter pursuant to a determination by the Office under this section, other than as permitted under subsection (g)(2)(B);”;

(5) in subsection (f) (as so redesignated by paragraph (3)) by inserting after “under this section” the first place it appears the following: “(where such debarment is not mandatory)”;

(6) in subsection (g) (as so redesignated by paragraph (3))—

(A) by striking “(g)(1)” and all that follows through the end of paragraph (1) and inserting the following:

“(g)(1)(A) Except as provided in subparagraph (B), debarment of a provider under subsection (b) or (c) shall be effective at such time and upon such reasonable notice to such provider, and to carriers and covered individuals, as shall be specified in regulations prescribed by the Office. Any such provider that is debarred from participation may request a hearing in accordance with subsection (h)(1).

“(B) Unless the Office determines that the health or safety of individuals receiving health care services warrants an earlier effective date, the Office shall not make a determination adverse to a provider under subsection (c)(5) or (d) until such provider has been given reasonable notice and an opportunity for the determination to be made after a hearing as provided in accordance with subsection (h)(1).”;

(B) in paragraph (3)—

(i) by inserting “of debarment” after “notice”; and

(ii) by adding at the end the following: “In the case of a debarment under paragraph (1), (2), (3), or (4) of subsection (b), the minimum period of debarment shall not be less than 3 years, except as provided in paragraph (4)(B)(ii).”;

(C) in paragraph (4)(B)(i)(I) by striking “subsection (b) or (c)” and inserting “subsection (b), (c), or (d)”; and

(D) by striking paragraph (6);

(7) in subsection (h) (as so redesignated by paragraph (3)) by striking “(h)(1)” and all that follows through the end of paragraph (2) and inserting the following:

“(h)(1) Any provider of health care services or supplies that is the subject of an adverse determination by the Office under this section shall be entitled to reasonable notice and an opportunity to request a hearing of record, and to judicial review as provided in this subsection after the Office renders a final decision. The Office shall grant a request for a hearing upon a showing that due process rights have not previously been afforded with respect to any finding of fact which is relied upon as a cause for an adverse determination under this section. Such hearing shall be conducted without regard to subchapter II of chapter 5 and chapter 7 of this title by a hearing officer who shall be designated by the Director of the Office and who

shall not otherwise have been involved in the adverse determination being appealed. A request for a hearing under this subsection shall be filed within such period and in accordance with such procedures as the Office shall prescribe by regulation.

“(2) Any provider adversely affected by a final decision under paragraph (1) made after a hearing to which such provider was a party may seek review of such decision in the United States District Court for the District of Columbia or for the district in which the plaintiff resides or has his or her principal place of business by filing a notice of appeal in such court within 60 days after the date the decision is issued, and by simultaneously sending copies of such notice by certified mail to the Director of the Office and to the Attorney General. In answer to the appeal, the Director of the Office shall promptly file in such court a certified copy of the transcript of the record, if the Office conducted a hearing, and other evidence upon which the findings and decision complained of are based. The court shall have power to enter, upon the pleadings and evidence of record, a judgment affirming, modifying, or setting aside, in whole or in part, the decision of the Office, with or without remanding the case for a rehearing. The district court shall not set aside or remand the decision of the Office unless there is not substantial evidence on the record, taken as whole, to support the findings by the Office of a cause for action under this section or unless action taken by the Office constitutes an abuse of discretion.”; and

(8) in subsection (i) (as so redesignated by paragraph (3))—

(A) by striking “subsection (c)” and inserting “subsection (d)”; and

(B) by adding at the end the following:

“The amount of a penalty or assessment as finally determined by the Office, or other amount the Office may agree to in compromise, may be deducted from any sum then or later owing by the United States to the party against whom the penalty or assessment has been levied.”.

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendments made by this section shall take effect on the date of the enactment of this Act.

(2) EXCEPTIONS.—(A) Paragraphs (2), (3), and (5) of section 8902a(c) of title 5, United States Code, as amended by subsection (a)(3), shall apply only to the extent that the misconduct which is the basis for debarment under such paragraph (2), (3), or (5), as applicable, occurs after the date of the enactment of this Act.

(B) Paragraph (1)(B) of section 8902a(d) of title 5, United States Code, as amended by subsection (a)(4), shall apply only with respect to charges which violate section 8904(b) of such title for items or services furnished after the date of the enactment of this Act.

(C) Paragraph (3) of section 8902a(g) of title 5, United States Code, as amended by subsection (a)(6)(B), shall apply only with respect to debarments based on convictions occurring after the date of the enactment of this Act.

SEC. 3. MISCELLANEOUS AMENDMENTS RELATING TO THE HEALTH BENEFITS PROGRAM FOR FEDERAL EMPLOYEES.

(a) DEFINITION OF A CARRIER.—Paragraph (7) of section 8901 of title 5, United States Code, is amended by striking “organization;” and inserting “organization and an association of organizations or other entities described in this paragraph sponsoring a health benefits plan;”.

(b) SERVICE BENEFIT PLAN.—Paragraph (1) of section 8903 of title 5, United States Code, is amended by striking “plan,” and inserting

“plan, which may be underwritten by participating affiliates licensed in any number of States.”.

(c) PREEMPTION.—Section 8902(m) of title 5, United States Code, is amended by striking “(m)(1)” and all that follows through the end of paragraph (1) and inserting the following:

“(m)(1) The terms of any contract under this chapter which relate to the nature, provision, or extent of coverage or benefits (including payments with respect to benefits) shall supersede and preempt any State or local law, or any regulation issued thereunder, which relates to health insurance or plans.”.

SEC. 4. CONTINUED HEALTH INSURANCE COVERAGE FOR CERTAIN INDIVIDUALS.

(a) ENROLLMENT IN CHAPTER 89 PLAN.—For purposes of chapter 89 of title 5, United States Code, any period of enrollment—

(1) in a health benefits plan administered by the Federal Deposit Insurance Corporation before the termination of such plan on [January 3, 1998] or before January 2, 1999, or

(2) subject to subsection (c), in a health benefits plan (not under chapter 89 of such title) with respect to which the eligibility of any employees or retired employees of the Board of Governors of the Federal Reserve System terminates on [January 3, 1998] or before January 2, 1999,

shall be deemed to be a period of enrollment in a health benefits plan under chapter 89 of such title.

(b) CONTINUED COVERAGE.—(1) Subject to subsection (c), any individual who, on [January 3, 1998] or before January 2, 1999, is enrolled in a health benefits plan described in subsection (a)(1) or (2) may enroll in an approved health benefits plan under chapter 89 of title 5, United States Code, either as an individual or for self and family, if, after taking into account the provisions of subsection (a), such individual—

(A) meets the requirements of such chapter for eligibility to become so enrolled as an employee, annuitant, or former spouse (within the meaning of such chapter); or

(B) would meet those requirements if, to the extent such requirements involve either retirement system under such title 5, such individual satisfies similar requirements or provisions of the Retirement Plan for Employees of the Federal Reserve System.

Any determination under subparagraph (B) shall be made under guidelines which the Office of Personnel Management shall establish in consultation with the Board of Governors of the Federal Reserve System.

(2) Subject to subsection (c), any individual who, on [January 3, 1998] or before January 2, 1999, is entitled to continued coverage under a health benefits plan described in subsection (a)(1) or (2) shall be deemed to be entitled to continued coverage under section 8905a of title 5, United States Code, but only for the same remaining period as would have been allowable under the health benefits plan in which such individual was enrolled on [January 3, 1998] or before January 2, 1999, if—

(A) such individual had remained enrolled in such plan; and

(B) such plan did not terminate, or the eligibility of such individual with respect to such plan did not terminate, as described in subsection (a).

(3) Subject to subsection (c), any individual (other than an individual under paragraph (2)) who, on [January 3, 1998] or before January 2, 1999, is covered under a health benefits plan described in subsection (a)(1) or (2) as an unmarried dependent child, but who does not then qualify for coverage under chapter 89 of title 5, United States Code, as a family member (within the meaning of such chapter) shall be deemed to be entitled

to continued coverage under section 8905a of such title, to the same extent and in the same manner as if such individual had, on [January 3, 1998] or before January 2, 1999, ceased to meet the requirements for being considered an unmarried dependent child of an enrollee under such chapter.

(4) Coverage under chapter 89 of title 5, United States Code, pursuant to an enrollment under this section shall become effective on [January 4, 1998] January 3, 1999 or such earlier date as established by the Office of Personnel Management after consultation with the Federal Deposit Insurance Corporation or the Board of Governors of the Federal Reserve System, as appropriate.

(c) **ELIGIBILITY FOR FEHBP LIMITED TO INDIVIDUALS LOSING ELIGIBILITY UNDER FORMER HEALTH PLAN.**—Nothing in subsection (a)(2) or any paragraph of subsection (b) (to the extent such paragraph relates to the plan described in subsection (a)(2)) shall be considered to apply with respect to any individual whose eligibility for coverage under such plan does not involuntarily terminate on [January 3, 1998] or before January 2, 1999.

(d) **TRANSFERS TO THE EMPLOYEES HEALTH BENEFITS FUND.**—The Federal Deposit Insurance Corporation and the Board of Governors of the Federal Reserve System shall transfer to the Employees Health Benefits Fund under section 8909 of title 5, United States Code, amounts determined by the Director of the Office of Personnel Management, after consultation with the Federal Deposit Insurance Corporation and the Board of Governors of the Federal Reserve System, to be necessary to reimburse the Fund for the cost of providing benefits under this section not otherwise paid for by the individuals covered by this section. The amounts so transferred shall be held in the Fund and used by the Office of Personnel Management in addition to amounts available under section 8906(g)(1) of such title.

(e) **ADMINISTRATION AND REGULATIONS.**—The Office of Personnel Management—

(1) shall administer the provisions of this section to provide for—

(A) a period of notice and open enrollment for individuals affected by this section; and

(B) no lapse of health coverage for individuals who enroll in a health benefits plan under chapter 89 of title 5, United States Code, in accordance with this section; and

(2) may prescribe regulations to implement this section.

SEC. 5. FULL DISCLOSURE IN HEALTH PLAN CONTRACTS.

The Office of Personnel Management shall encourage carriers offering health benefits plans described by section 8903 or section 8903a of title 5, United States Code, with respect to contractual arrangements made by such carriers with any person for purposes of obtaining discounts from providers for health care services or supplies furnished to individuals enrolled in such plan, to seek assurance that the conditions for such discounts are fully disclosed to the providers who grant them.

SEC. 6. PROVISIONS RELATING TO CERTAIN PLANS THAT HAVE DISCONTINUED THEIR PARTICIPATION IN FEHBP.

(a) **AUTHORITY TO READMIT.**—

(1) **IN GENERAL.**—Chapter 89 of title 5, United States Code, is amended by inserting after section 8903a the following:

“§ 8903b. Authority to readmit an employee organization plan

“(a) In the event that a plan described by section 8903(3) or 8903a is discontinued under this chapter (other than in the circumstance described in section 8909(d)), that discontinuation shall be disregarded, for purposes of any determination as to that plan's eligibility to be considered an approved plan

under this chapter, but only for purposes of any contract year later than the third contract year beginning after such plan is so discontinued.

“(b) A contract for a plan approved under this section shall require the carrier—

“(1) to demonstrate experience in service delivery within a managed care system (including provider networks) throughout the United States; and

“(2) if the carrier involved would not otherwise be subject to the requirement set forth in section 8903a(c)(1), to satisfy such requirement.”.

(2) **CONFORMING AMENDMENT.**—The analysis for chapter 89 of title 5, United States Code, is amended by inserting after the item relating to section 8903a the following:

“8903b. Authority to readmit an employee organization plan.”.

(3) **APPLICABILITY.**—

(A) **IN GENERAL.**—The amendments made by this subsection shall apply as of the date of enactment of this Act, including with respect to any plan which has been discontinued as of such date.

(B) **TRANSITION RULE.**—For purposes of applying section 8903(b) of title 5, United States Code (as amended by this subsection) with respect to any plan seeking to be readmitted for purposes of any contract year beginning before January 1, 2000, such section shall be applied by substituting “second contract year” for “third contract year”.

(b) **TREATMENT OF THE CONTINGENCY RESERVE OF A DISCONTINUED PLAN.**—

(1) **IN GENERAL.**—Subsection (e) of section 8909 of title 5, United States Code, is amended by striking “(e)” and inserting “(e)(1)” and by adding at the end the following:

“(2) Any crediting required under paragraph (1) pursuant to the discontinuation of any plan under this chapter shall be completed by the end of the second contract year beginning after such plan is so discontinued.

“(3) The Office shall prescribe regulations in accordance with which this subsection shall be applied in the case of any plan which is discontinued before being credited with the full amount to which it would otherwise be entitled based on the discontinuation of any other plan.”.

(2) **TRANSITION RULE.**—In the case of any amounts remaining as of the date of enactment of this Act in the contingency reserve of a discontinued plan, such amounts shall be disposed of in accordance with section 8909(e) of title 5, United States Code, as amended by this subsection, by—

(A) the deadline set forth in section 8909(e) of such title (as so amended); or

(B) if later, the end of the 6-month period beginning on such date of enactment.

SEC. 7. MAXIMUM PHYSICIANS COMPARABILITY ALLOWANCE PAYABLE.

(a) **IN GENERAL.**—Paragraph (2) of section 5948(a) of title 5, United States Code, is amended by striking “\$20,000” and inserting “\$30,000”.

(b) **AUTHORITY TO MODIFY EXISTING AGREEMENTS.**—

(1) **IN GENERAL.**—Any service agreement under section 5948 of title 5, United States Code, which is in effect on the date of enactment of this Act may, with respect to any period of service remaining in such agreement, be modified based on the amendment made by subsection (a).

(2) **LIMITATION.**—A modification taking effect under this subsection in any year shall not cause an allowance to be increased to a rate which, if applied throughout such year, would cause the limitation under section 5948(a)(2) of such title (as amended by this section), or any other applicable limitation, to be exceeded.

(c) **RULE OF CONSTRUCTION.**—Nothing in this section shall be considered to authorize

additional or supplemental appropriations for the fiscal year in which occurs the date of enactment of this Act.

SEC. 8. CLARIFICATION RELATING TO SECTION 8902(k).

Section 8902(k) of title 5, United States Code, is amended—

(1) by redesignating paragraph (2) as paragraph (3); and

(2) by inserting after paragraph (1) the following:

“(2) Nothing in this subsection shall be considered to preclude a health benefits plan from providing direct access or direct payment or reimbursement to a provider in a health care practice or profession other than a practice or profession listed in paragraph (1), if such provider is licensed or certified as such under Federal or State law.”.

Mr. DASCHLE. Mr. President, I would like to enter into a colloquy with Senators HARKIN, COCHRAN, and THOMPSON concerning the treatment of audiological services under the Federal Employee health Benefits Program, or FEHBP.

According to the American Academy of Audiology, hearing loss affects approximately 28 million people in the United States today (about 1 out of every 10 people), and this number is growing as our population ages.

This is a matter on which Senator HARKIN and I, and also Senator COCHRAN, have worked for a number of years. It raises significant issues concerning the quality and cost-effectiveness of our hearing care and rehabilitation system, and indeed our entire health care system, and I hope this body soon will consider these issues fully.

Section 8 of H.R. 1836 is intended to make clear that FEHBP plans can authorize direct services by, and direct reimbursement to audiologists and other licensed health professionals. I believe the Office of Personnel Management (OPM) should make it clear in their next call letter that audiology services provided directly by an audiologist can be covered.

Mr. HARKIN. Mr. President, I want to thank the Senator from South Dakota. This an important issue. Audiologic services are critical in the diagnosis and management of hearing loss. I am concerned that under FEHBP, an efficient and effective avenue to appropriate care is unavailable because FEHBP law does not explicitly identify the option of direct access to audiologists.

Senator COCHRAN introduced, and I supported, along with Senator FRIST and PRYOR, legislation in the 104th Congress to ensure that FEHBP beneficiaries who require audiological services would have the option of direct access to them.

Earlier this year, I received a letter from Kenneth W. Kizer, M.D., Under Secretary for Health with the Department of Veterans Affairs. In 1992, the VA instituted a policy allowing veterans who suspect a hearing loss to make appointments directly with an audiologist. According to Dr. Kizer, “The VA experience suggests that providing direct access to audiologists for civilian

federal employees will result in high quality hearing care and reduce the cost of services."

We are not talking about mandating additional benefits. In addition, I believe it would be advisable to add provider non-discrimination assurances to FEHBP plans.

Of course, these matters involve a number of complicated issues, and to this point, the Governmental Affairs Committee has been unable to hold hearings to consider those issues. I would appreciate hearing Senator COCHRAN's and Senator THOMPSON's sense of what can be done, in this Congress or the next, to ensure that those issues are fully considered.

Mr. COCHRAN. Mr. President, as noted by the Senator from Iowa, I supported legislation in the last Congress to address this problem, and I remain committed to ensuring that FEHBP beneficiaries receive quality, cost-effective, hearing care coverage.

As he also noted, there are a number of medical, insurance and public policy issues involved. All these issues need to be considered, as well as the concerns of all members of the hearing health care team, including the Audiologists, the American Academy of Otolaryngology-Head and Neck Surgery and the International Hearing Society.

Whether in this Congress, or the next, I am committed to doing what is necessary to enable this body to understand these issues, and to determine the best way to address them, for the benefit of children and others, who need hearing health services.

Mr. THOMPSON. Mr. President, I appreciate Senator COCHRAN's comments. I am confident my colleagues will agree that any changes to the FEHBP need to be considered carefully through the legislative process in order to ensure the integrity of the program, preservation of choice for enrollees, and competition among plans. Toward that end, I look forward to Senator DASCHLE and Senator HARKIN joining Senator COCHRAN and me in supporting passage of H.R. 1836.

Mr. DASCHLE. Mr. President, I would like to thank my colleagues for this colloquy.

Mr. SHELBY. I ask unanimous consent that the committee amendment be agreed to, the bill be considered read a third time and passed, the motion to reconsider be laid upon the table, and that any statement relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee amendment was agreed to.

The bill (H.R. 1836), as amended, was considered read the third time and passed.

RICHARD C. LEE UNITED STATES COURTHOUSE

Mr. SHELBY. Mr. President, I ask the Chair lay before the Senate a message from the House of Representatives

on the bill (S. 1355) to designate the United States courthouse located at 141 Church Street in New Haven, Connecticut, as the "Richard C. Lee United States Courthouse."

The PRESIDING OFFICER laid before the Senate the following message from the House of Representatives:

Resolved, That the bill from the Senate (S. 1355) entitled "An Act to designate the United States courthouse located in New Haven, Connecticut, as the "Richard C. Lee United States Courthouse", do pass with the following amendments:

Strike out all after the enacting clause and insert:

SECTION 1. DESIGNATION.

The United States courthouse located at 141 Church Street in New Haven, Connecticut, shall be known and designated as the "Richard C. Lee United States Courthouse".

SEC. 2. REFERENCES.

Any reference in a law, map, regulation, document, paper, or other record of the United States to the United States courthouse referred to in section 1 shall be deemed to be a reference to the "Richard C. Lee United States Courthouse".

Mr. SHELBY. Mr. President, I ask unanimous consent that the Senate concur in the amendments to the House.

The PRESIDING OFFICER. Without objection, it is so ordered.

VETERANS' COMPENSATION COST-OF-LIVING ADJUSTMENT ACT OF 1998

Mr. SHELBY. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of Calendar No. 593, S. 2273.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

A bill (S. 2273) to increase, effective as of December 1, 1998, the rates of disability compensation for veterans with service-connected disabilities, and the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans, and for other purposes.

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Veterans' Affairs, with an amendment; as follows:

(The part of the bill intended to be stricken are shown in boldface brackets and the part of the bill intended to be inserted are shown in *italic*.)

S. 2273

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Veterans' Compensation Cost-of-Living Adjustment Act of 1998".

SEC. 2. INCREASE IN COMPENSATION RATES AND LIMITATIONS.

(a) IN GENERAL.—(1) The Secretary of Veterans Affairs shall, as provided in paragraph (2), increase, effective December 1, 1998, the rates of and limitations on Department of Veterans Affairs disability compensation and dependency and indemnity compensation.

(2) The Secretary shall increase each of the rates and limitations in sections 1114, 1115(1),

1162, 1311, 1313, and 1314 of title 38, United States Code, that were increased by the amendments made by the Veterans' Compensation Rate Amendments of 1997 (Public Law 105-98; 111 Stat. 2155). This increase shall be made in such rates and limitations as in effect on November 30, 1998, and shall be by the same percentage that benefit amounts payable under title II of the Social Security Act (42 U.S.C. 401 et seq.) are increased effective December 1, 1998, as a result of a determination under section 215(i) of such Act (42 U.S.C. 415(i)).

(3) In the computation of increased dollar amounts pursuant to paragraph (2), any amount which as so computed is not an even multiple of \$1 shall be rounded to the next lower whole dollar amount.

(b) SPECIAL RULE.—The Secretary may adjust administratively, consistent with the increases made under subsection (a), the rates of disability compensation payable to persons within the purview of section 10 of Public Law 85-857 (72 Stat. 1263) who are not in receipt of compensation payable pursuant to chapter 11 of title 38, United States Code.

(c) PUBLICATION REQUIREMENT.—At the same time as the matters specified in section 215(i)(2)(D) of the Social Security Act (42 U.S.C. 415(i)(2)(D)) are required to be published by reason of a determination made under section 215(i) of such Act during fiscal year [1998] 1999, the Secretary shall publish in the Federal Register the rates and limitations referred to in subsection (a)(2) as increased under this section.

Mr. SHELBY. Mr. President, I ask unanimous consent that the committee amendment be agreed to, the bill be considered read a third time, and the Veterans' Affairs Committee then be discharged from further consideration of H.R. 4110, and that the Senate then proceed to its consideration. I further ask unanimous consent that all after the enacting clause be stricken and the text of S. 2273, as amended, be inserted in lieu thereof, the bill be read a third time and passed, the motion to reconsider be laid upon the table, and that any statement relating to the bill be printed in the RECORD.

I finally ask that S. 2273 be placed back on the calendar.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (H.R. 4110), as amended, was read for a third time and passed.

YEAR 2000 READINESS AND SMALL BUSINESS PROGRAMS RESTRUCTURING AND REFORM ACT OF 1998

Mr. SHELBY. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of Calendar No. 645, H.R. 3412.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 3412) to amend and make technical corrections in title III of the Small Business Investment Act.

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Small Business, with an amendment to strike all after the enacting clause and inserting in lieu thereof the following: